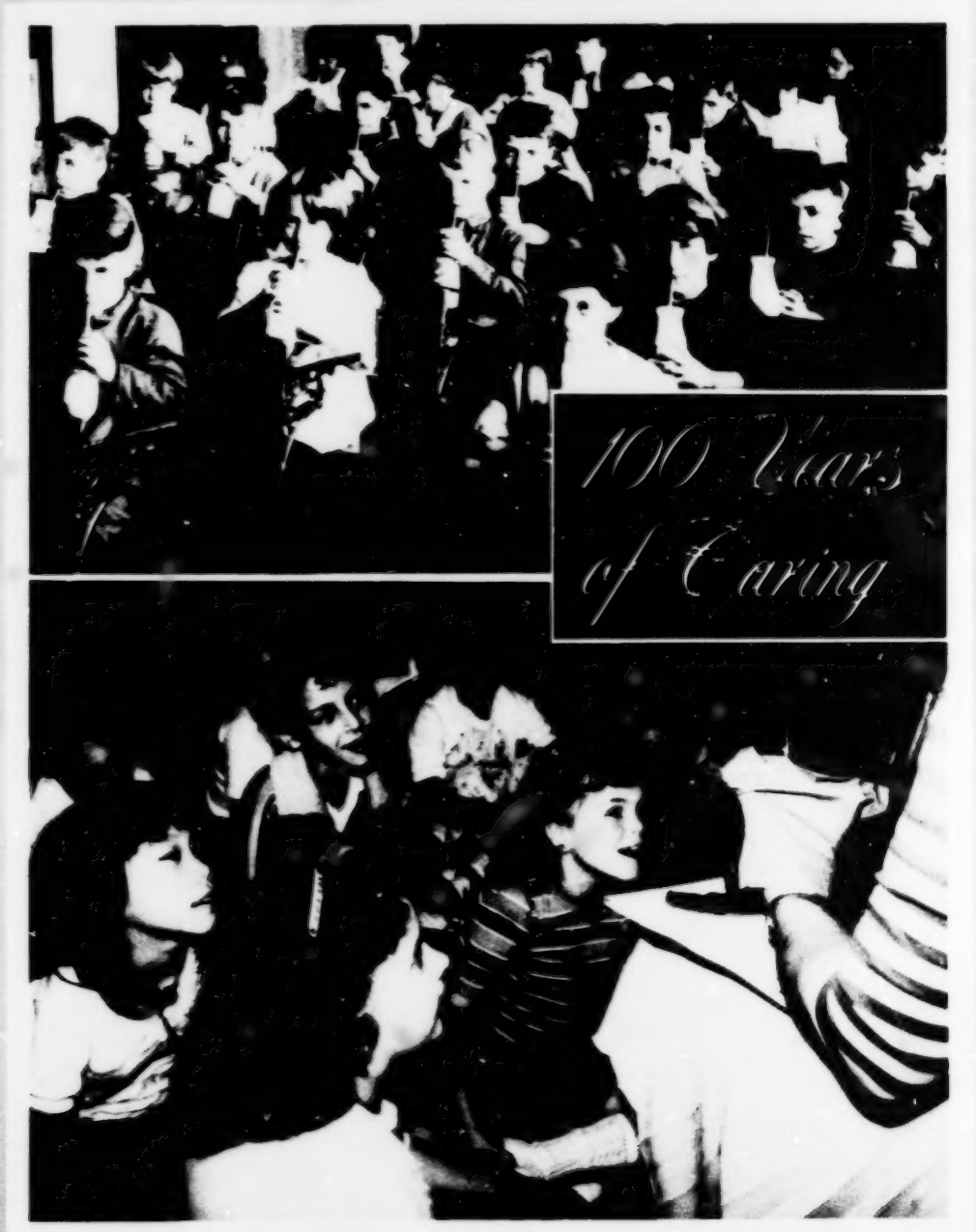
Annual Statement

REPORT OF THE MEDICAL OFFICER OF HEALTH



1983

CITY OF TORONTO, DEPARTMENT OF PUBLIC HEALTH

84- 4951 /

Department of Public Health Management

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Medical Officer of Health

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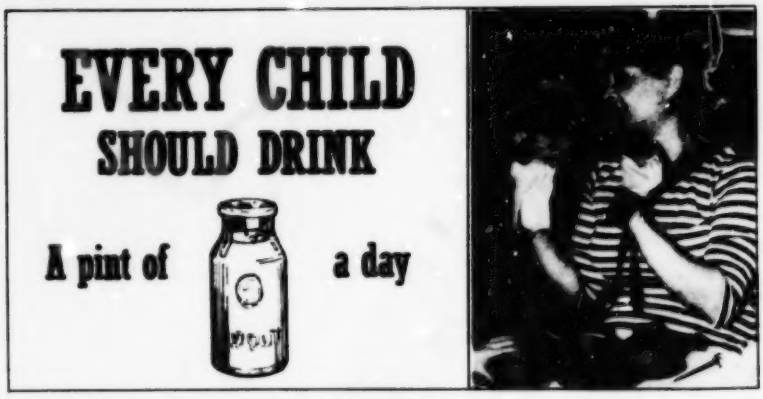
Manager, Personal Health Services
Fred W. Ruf, C.P.H.I.(C)
Manager, Environmental Health and Inspection Services

From the cover...

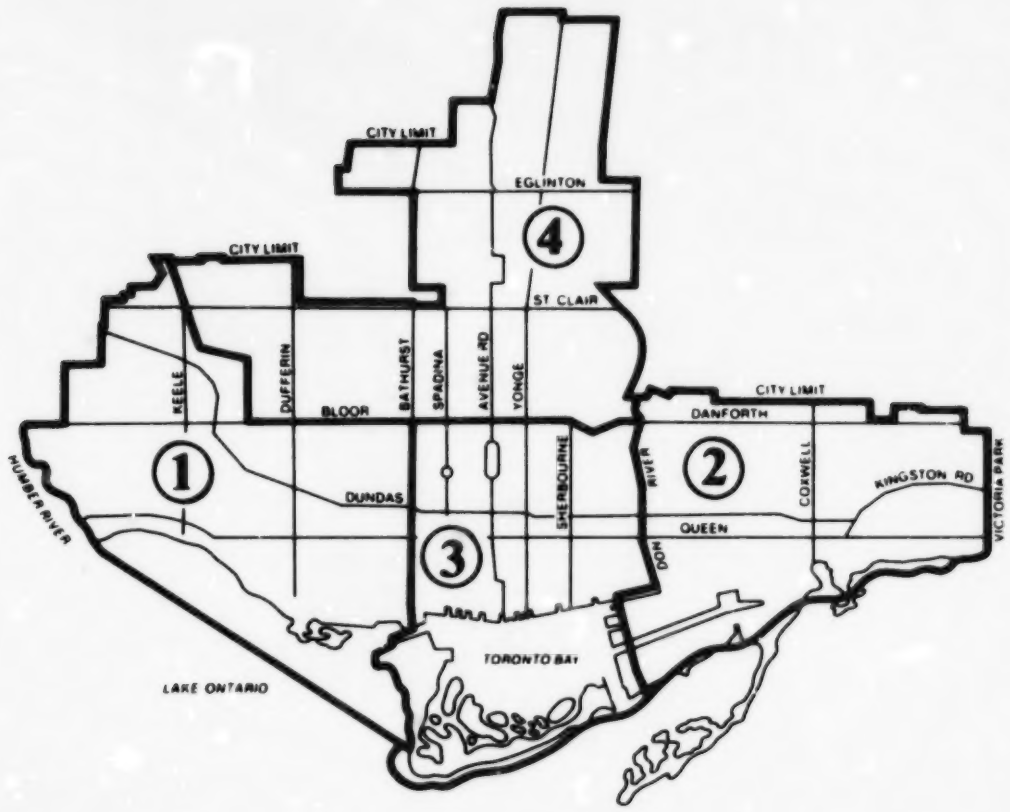


Health education in the 1920s and the 1980s

REPORT OF THE MEDICAL OFFICER OF HEALTH 1983

CITY OF TORONTO
DEPARTMENT OF PUBLIC HEALTH

Department of Public Health



1. Western Health Area
   2340 Dundas St. W.
   534-9262

2. Eastern Health Area
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   469-0897

3. Downtown Health Area
   6th Floor, East Tower
   City Hall
   947-7461

4. Northern Health Area
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Layout & Design: Ian King

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July 20, 1984

Alderman Anne Johnston, Chairman
& Members of the Local Board of Health
City Hall, Toronto, Ontario

Ladies and Gentlemen:

Pursuant to the provisions of Section 27 of The Public Health Act, I am pleased to enclose the Annual Statement of the City of Toronto Department of Public Health for the calendar year 1983.

A centenary birthday tea was held this year to honour the appointment of Toronto's first Medical Officer of Health, Dr. William Canniff, and to mark the significant advancements of the Department's first 100 years. Our first MOH found his chief enemies were water pollution from sewage and refuse and the killer infectious diseases such as smallpox, cholera, typhoid fever, diphtheria and tuberculosis. Today, water pollution is mainly caused by chemicals and most serious infectious diseases have been virtually wiped out. Major risk factors to Torontonians today are cancer and heart disease, and accidents. Many of these deaths are just as preventable, and our Department's efforts are now focused more on preventive rather than treatment strategies as they were in Dr. Canniff's days.

Nineteen eighty-three was our first full year of operation in the reorganized Department. The Area Management Teams and the decentralization of operations have both proven their worth. The Department enjoyed a year of relative stability after a period of rapid change. While we did not rest on our laurels, the Department did need a breathing space to consolidate the gains and changes of previous years.

Nineteen eighty-three was another extremely active year in public health. On February 15, the Chairman of the Local Board of Health and the Medical Officer of Health met with the Minister and senior officials of the Ministry of Health where we successfully argued for an increase in our base budget. On February 23, 1983, Bill 138, an Act Respecting the Protection and Promotion of the Health of the Public received royal assent. While this legislation was not proclaimed in 1983, the Department has been preparing to meet its new statutory obligations with respect to certain programmes.

The Department continued to provide a broad range of the services that form the foundation of public health, yet it was the environmental issues that were salient. On July 21 Sunnyside Beach was placarded as polluted, for the first time in 14 years. The high profile of this action and the subsequent placarding of other mainland beaches set in motion a chain of events involving the City of Toronto Department of Public Works, the Metropolitan Toronto Works Department and the Ontario Ministry of the Environment, which will undoubtedly lead to improvements in shoreline water quality in years to come.

Towards year end, the discovery of polychlorinated biphenyls (PCBs) contaminating the Canadian General Electric plant near Lansdowne Avenue and Dupont Street again evoked headlines and a rapid Departmental response.

The year marked a high degree of collaboration between the Board and the Department in advocacy issues. The Board Chairman, with assistance from staff, took up the cause of Nova Scotia residents opposed to pesticide-spraying. The tour of the frightening Love Canal area chemical dumpsites near Niagara Falls, N.Y. on July 15 was covered in the media and gave Board members, community groups and staff who attended a greater understanding of this health hazard.

(continued)

The Department participated during 1983 in several city-wide projects. We started the Health Status Survey in the Junction Triangle and control areas, with financial support from the Ministries of the Environment, Health, and Labour. We provided substantial support to the Mayor's Action Task Force on Discharged Psychiatric Patients, and we were cosponsors of a workgroup to develop voluntary compliance with non-smoking areas in restaurants.

The Department received praise for our AIDS information and prevention programmes, and criticism for the costs of our proposal to investigate the health needs of the poor.

Individuals within the Department received various honours throughout the year. Several staff members participated as facilitators and resource persons to the Ontario Council of Health planning exercise, "Health Care in the '80's and Beyond". A senior nurse was appointed to the Provincial Reproductive Care Committee. One Associate Medical Officer of Health was named to the Federal Environment Advisory Council. An Environmental Health and Inspection Services Manager was named Interim General Manager of the Toronto Humane Society. Numerous scientific papers and speeches were presented by various staff members. Staff also participated actively in the Annual Meeting of the Ontario Public Health Association, and were elected to executive positions in that association. All in all, the Department's impact provincially and nationally was substantial and increasing.

An important development in 1983 was the final approval by the Department Management Team (DMT) of the Departmental Programme Priorities. These priorities were first discussed in January of 1983 and were before the Department Management Team in an extensive consultative process on numerous occasions.

Heart disease and cancer remain the principal causes of death in Toronto. Since the relationship of both these conditions to smoking is well established, we have made smoking prevention our highest priority. The Department was successful in receiving a $300,000 grant from Health and Welfare Canada for a smoking prevention programme. Parent and child health continues to be a high priority of the Department of Public Health, and includes prevention of unwanted pregnancies, registration of high risk pregnancies and identification and postnatal follow-up of high risk families.

Application of the Immunization of School Pupils Act, 1982, moved forward in 1983 with completion of the programme in junior kindergarten, kindergarten and Grade 1, and the commencement of the programme in the remaining elementary school years.

While much remains to be done, I feel the Department has made great strides towards achieving the goals set out in *Public Health in the 1980's*, and am confident that our continued efforts will result in significant health benefits for the City of Toronto.

A. S. Macpherson, M.D., M.Sc.
Medical Officer of Health

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The health and expected life span of Torontonians have changed drastically over the past 100 years. Clearly, the work undertaken by our public health nurses and inspectors over the years to combat disease has played a strong role in the reduction of disease and premature deaths—particularly due to communicable disease. These men and women have been the backbone of our Department since its major expansion and organization in the 1910s, providing the needed care and education to help City residents improve their personal and family health as well as living and working conditions.

Before 1910, public health in Toronto consisted of little more than a statistical unit and plumbing department, but Charles Hastings, Medical Officer of Health from 1910-1929, knew it was necessary to tackle health issues on all fronts and on all levels. He was the first MOH to hire a "Corps of PHNs who would visit the sick in their homes and through 'heart-to-heart talk' instruct and advise about the care of the patient and family." At the same time he was challenging the Ontario Medical Association to add to its ambition to cure disease "the higher and nobler position of preventing it."

Charles Hastings

Within five years of Hastings' tenure, all milk sold in Toronto was pasteurized. In addition, thousands of outdoor sources of flyborne disease were eradicated and all habitable houses equipped with proper sanitary conveniences. Public lodging houses, restaurants and food supplies were inspected; school children were examined, well baby clinics started, the PHN nursing staff increased from two to 110 to cover the whole City; and a statistical department was organized to measure disease rate changes.

By the time he retired in 1929, Hastings' long and hard fight at City Hall had increased his budget appropriation ten-fold to $1,000,000, the highest per capita for any municipality in Canada.

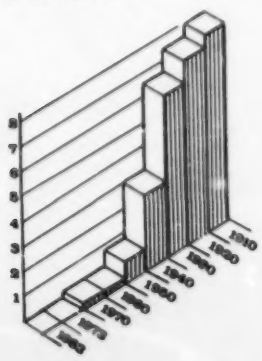
Many of the major concerns addressed during Hastings' time have become the raisons d'etre of our own work today; maternal and child health; clean air and water (from chemicals rather than just bacteria); good housing and nutrition; and inspection of public restaurants, daycare centres and food supplies to ensure they are safe from filth or contamination.

The Department has made some major advances in the past few years. Public health staff has broadened to include people with education and promotion backgrounds, family planning and community organizing experience. New issues abound—the use of pesticides; equal access to health services; health of refugee populations; alcohol and drug abuse. The Department has decentralized to provide better contact with communities, and the information collection and analysis capacity is more sophisticated than ever.

Yet the commitment to improve the health of Torontonians, undertaken by Dr. William Canniff, our first MOH, in 1883, has not changed. And we share with Dr. Hastings, another committed MOH, the belief that the "noble position of preventing disease" is the appropriate channel for our skills and dedication. We have also seen it to be within our grasp.

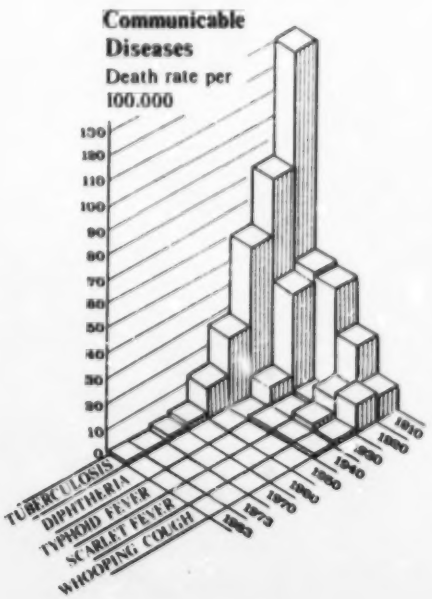
Health Indices City of Toronto 1910 - 1983

Maternal Death Rate per 1000 births

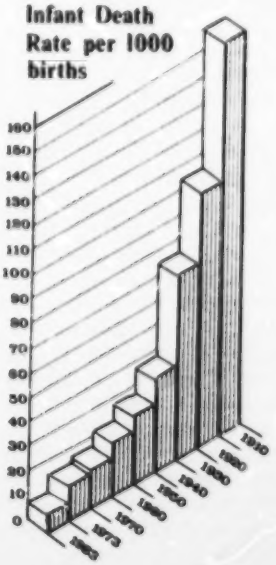


Communicable Diseases

Death rate per 100,000



Infant Death Rate per 1000 births



Health Programmes

Introduction to the Health Areas

During 1983, the Department's first full year after its major reorganization, Health Area staff began to tackle the important task of assessing community needs and then supplying appropriate health services and preventive programmes. With the help of a strong information system to provide statistics on the health status of their populations, Area public health staff once again took to the front lines; but this year, they were heavily armed with specific preventive health strategies and programmes based on the solid planning and analysis which also took place in the Department during 1983.

The following piece in this Annual Statement discusses the comprehensive planning procedures followed by the Department in 1983 to ensure that our future goals, objectives, and programmes are based on sound knowledge, analysis, evaluation and sensitivity to our City's health needs. The 12 Departmental priorities developed in the planning process are and will be the foundation for major city-wide programmes.

The next section discusses the work of the Health Areas in 1983, and details the results of the staff time and energy put into programme planning. Each Health Area is adapting its programmes to the specific needs of residents in its geographical area, and by 1983 Areas were well on their way to making significant impacts in their communities. The following Health Area reports not only contain highlights of Area activities and programmes, but also give insight into the Areas' health status and demography, and discuss new policy trends and thrusts for the coming years.

Though the majority of work performed by Health Area staff is conducted within their own Areas based on specific Area needs and priorities, many Area staff either coordinate or work on projects conducted on a city-wide basis. For example, the city-wide Healthiest Babies Possible programme is directed out of the Northern Health Area, and the Cardiopulmonary Resuscitation programme (CPR) out of the Western Health Area. Area personnel in such projects often work in conjunction with other Health Areas or Central Resources staff.

Clearly, there is important work to which DPH staff devote their time that is not thoroughly discussed in this year's Annual Statement. Further information on Health Area reports, projects, activities, functions, health status, etc. are available by contacting the Area offices. A more detailed statistical analysis of the City's health can be found in the "1983 Health Status Report", available from the Community Health Information Section of Central Resources at City Hall.

Planning For Health: Developing Departmental Priorities

In the first full year after decentralization, DPH staff continued to direct their preventive health efforts at rising medical care costs and the human toll from chronic disease, accidents and violence. For the last several years, the report, *Public Health in the 1980s* was the general blueprint for this emphasis along with examples set by public health agencies in the U.S. which are also establishing health goals and objectives based on preventive strategies.

Nineteen eighty-three marked the beginning of a new planning procedure in which we developed Departmental priorities and strategies for our future work. We believe the reduction of both sickness and death from preventable illnesses demands solid planning based on a clear picture of our population's health problems.

Committees and workgroups with multidisciplinary representatives from the Department developed the Departmental goals and priorities in 1983. They assessed the City's major health problems, judged present programmes and activities of staff, reviewed and rated possible alternative courses of action, selected new programmes to meet our new goals, developed operational plans and, finally, developed implementation and evaluation plans for all new programmes.

An important step taken in 1983 toward developing this comprehensive DPH planning system was coordination and liaison of planning committee members with our information system which collects and analyzes data on community health status, and can measure changes in the City's health status over the coming years. We can now not only look at major causes of sickness and death, but, for example, can determine which areas of the City house the most senior citizens or young mothers, new immigrants or students, the rich or the not-so-rich, etc., so we can specifically develop programmes that meet their needs.

Although statistics on our population's health are essential for determining the need for services, they do not fully reflect a number of other important factors which we also considered, such as our residents' quality of life, socio-cultural interests and backgrounds, and motivation to participate in their own health care.

Therefore, a wide range of Departmental staff and community members were involved in developing the following priorities for the next several years:

1. optimal health for parents and children
2. prevention of deaths and illness due to tobacco, alcohol, drugs
3. reduction of mortality and morbidity due to premature heart disease
4. reduction of occupational health and safety hazards
5. reduction of health hazards in the environment
6. increase of primary preventive programmes
7. full development of primary prevention skills among Departmental staff
8. increased awareness in the people of Toronto of health issues and the work of the Department
9. development of a comprehensive data base on health status
10. increased staff accessibility to a broad range of information related to their field of specialization and the health field in general
11. evaluation of Departmental programmes
12. development of an emergency disaster response procedure for the City of Toronto

These 12 priorities were established with 27 recommended programmes to address them, and adequate funding for implementation. By the end of 1983 the Department was equipped with a blueprint for 1984 and beyond.

Northern Health Area

Introduction

The Northern Health Area is the largest of the four Health Areas with 36% of the City's population, or 216,525 people (1981 Census). It is divided by ward, ethnicity, and socio-demographic characteristics into two sections served by the North Toronto and Hillcrest District offices.

Of the total population, 14.5% are 65 years of age or over. This is a higher proportion of seniors than in the City as a whole, Ontario or Canada. The Area's elderly are concentrated in North Toronto. Several Northern Health Area census tracts have more than 20% of their population over age 65 and two have more than 25% over age 65. Conversely, several census tracts have fewer than 10% over age 65.

North Toronto is a district of contrasts: mainly single homes in the northern part, and the Annex, with its boarding homes, halfway houses, and women's transition hostels in the southern part.

The Hillcrest area is socio-demographically different. It has a concentration of families with children under the age of six. Hillcrest also is characterized by a high proportion of the population with a mother tongue other than English, and a high proportion of the population with less than Grade 8 education. An increase of child abuse that corresponds with the increase in unemployment has been noticed by the staff, and unofficially verified by the Ministry of Community and Social Services. There is an industrial base in this district, where the Davenport/Lansdowne/Dupont area comprises the north-east part of the Junction Triangle.

The major health/disease problems noted in the NHA are: myocardial infarction, ischemic heart disease, lung cancer, stroke, accidents and suicide.

The major causal factors noted were, among other things, smoking, alcohol abuse, high blood pressure, stress, occupational and environmental problems.

Three community groups in the NHA identified for particular programming emphasis are: senior citizens, ethnic communities and ex-psychiatric patients.

Studies/Evaluation

As in all organizational change, new programmes cannot be added without a corresponding amount of work being terminated. Therefore, an initial review of existing programmes began with the school health programme, which took 30% of all nursing time in 1982.

The following changes were made:

1. Colour vision screening was discontinued.
2. Cardiac survey was discontinued.
3. Secondary school public health nurses were surveyed regarding the yield of routinely requesting Grade 9 complete physicals. As a result of this survey, a School Health form was developed and piloted with a built-in evaluation.
4. A vision screening pilot project was carried out in six schools to follow up on referrals, evaluate use of the school physician and cost-effectiveness.

Programme Highlights

Application of new By-law 507-83 which regulates the keeping of animals

For the past several years this Department has responded to complaints from neighbours of a property where four large hunting dogs were confined in a small shed and enclosure in the backyard. Complaints of animal excrement, foul odours, flies and noise appeared justified on inspection, but our repeated attempts to resolve these conditions were unsuccessful.

The introduction of a by-law regulating the keeping of animals enabled us to bring this matter before the Courts. On the basis of one inspection the judgment of the Court was that the occupant either maintain the premises at all times to the satisfaction of this Department or face a severe fine.

The owner elected to relocate the dogs to a kennel outside Metropolitan Toronto.

Communicable disease control

Communicable diseases associated with travel, foodhandling and childhood diseases comprised the majority of cases in the NHA in 1983.

Two cases of typhoid fever and one case of non-toxigenic diphtheria were reported. The pertussis outbreak in daycare centres carried over from 1982 into early 1983. A total of 22 cases were reported this year.

Twenty-eight cases of rubella were reported; several high schools experienced an outbreak in March, 1983. A mass immunization programme with pregnancy counselling was rapidly implemented, with 1,946 high school students receiving mumps/measles/rubella vaccine within one week.

Approximately 115 cases of chickenpox occurred. One elementary school in North Toronto experienced an outbreak of plantar warts affecting 46 students, 10% of all students who used the swimming pool.

Staff developed a comprehensive Communicable Diseases Manual, outlining policies and procedures for individual diseases. As well, CDC information was computerized.

Community development strategy

To develop community support systems and networks, existing resources in the community were identified. The Northern Health Area, through the Summer Canada Employment Programme, hired five students to develop a comprehensive community profile.

A report entitled "The Need for Social Support and Community Mental Health Services for the Residents of the Northern Health Area" outlined specific recommendations for the Northern Health Area and listed community mental health resources for individuals and families.

Disease prevention

In 1983, the Northern Health Area Smoking Prevention Committee drafted a proposal for a community-based smoking prevention programme.

Due to the 129 deaths from suicide in the NHA between 1979-1982, a Stress Management/Suicide Work Group collected and reviewed statistical data to determine the significance of suicide in the Area, and explored information on successful suicide prevention programmes, current activities focusing on suicide prevention, and problems and gaps in services.

A one-day suicide prevention forum planned for mid-February 1984 was organized to identify future direction and/or strategies.

Environmental health

The Occupational Health Work Group identified a need for occupational health and accident prevention programmes in small industries, particularly restaurants, nursing homes and retail food outlets. These figure prominently in Workers' Compensation Board accident data.

The Injury Control Group compiled an extensive data base and identified several important high risk target groups.

Health education

A variety of activities or presentations were held at conferences, day nurseries, drop-ins, on TV, etc. A multi-agency Community Health Awareness Day was organized as was a special project at a school for the deaf to discuss sexuality. Special teaching sessions were held for senior citizens in five different centres in the Area and liaison with the DPH was established with two residences for persons with chronic mental health problems. Education sessions were also provided at a halfway centre for ex-convicts. "It's up to you..." - a sexual decision-making book for preteens, and a slide-tape production entitled "Raising Sexually Healthy Children" were developed. Special dental presentations were made on TV, at the CNE and day nurseries.

Health information

Three Area priorities were developed in 1983 with respect to health information:

- needs assessment, i.e., availability of a comprehensive data base on health status of Northern Health Area citizens
- monitoring/record keeping
- development of an Information Resource Centre
    - A Seniors Needs Survey was carried out in the Hillcrest Area, using interviews to assess the needs of specific senior populations.
    - A detailed staff Information Needs Questionnaire including literature and Area data needs was administered.

Health promotion

Many in-service programmes were developed in 1983. Sessions were offered on stress, rabies control and community development. In addition, a three-part training programme for support staff was developed to improve job satisfaction and to maintain a high quality of work. Also, the Area newsletter *PERSPECTIVE* was produced to update staff on Area happenings.

Immunization

The new Immunization of School Pupils Act was implemented again in 1983. Out of 5,949 school children assessed from kindergarten to Grade 1, six students were finally suspended for non-compliance.

Polychlorinated Biphenyls (PCBs)

The Canadian General Electric (C.G.E.) Plant on Dupont used a polychlorinated biphenyl (PCB) oil in the manufacture of electrical transformers from 1942 to 1977. An environmental study of the area was initiated by C.G.E. in 1982 which identified PCB contamination. Several other organic chemicals were also detected on-site in one area.

The Northern Health Area was advised of this situation in November 1983. Meetings were then held with officials from C.G.E., the Ontario Ministries of the Environment and Labour and the City of Toronto Public Works Department to review the information and tour the area. We addressed C.G.E.'s Occupational Health & Safety Committee, and attended several community meetings to keep the public informed. Detailed reports on the environmental and health aspects of the situation were prepared by staff and adopted by the Local Board of Health.

Relocation of offices

A major change in the Northern Health Area in 1983 was the relocation of offices at 37 Spadina Road and 641 Eglinton Avenue West to 64 Merton Street which will increase Area visibility.

Skunk Rabies - Vector Study

The Northern Health Area, in response to the high number of rabid skunks found in our jurisdiction early in 1983, entered into negotiations with officials of the Ministry of Natural Resources for the purpose of conducting a Rabies Vector Study.

This study, which will monitor the habitat and roaming patterns of the skunk population and determine the rate of incidence of rabies in that population, is scheduled to commence early in 1984.

"The House" - Teenage Outreach

NHA staff worked at "The House", an outreach of Planned Parenthood of Toronto for teenagers. Teenagers were counselled weekly on nutrition, birth control, mental health, lifestyle and sexually transmitted diseases.

Eastern Health Area

Introduction

The Eastern Health Area has a population of almost 127,400, 21.2% of the City's population. A large proportion of EHA residents are young people aged 10 to 34. Many single parent families live in the Area, which also has a varied ethnic composition, particularly with residents of Chinese and Greek backgrounds. Nineteen percent of families and 37% of unattached individuals reported incomes in the low income range.

Mortality figures for the EHA show that heart disease and cancer are the two leading causes of death for men and women. As in previous years, however, coronary heart disease represents the largest proportion of potential years of life lost, followed by suicide.

The 1983 birth statistics show virtually no change from 1982, with 23% of all births in Toronto occurring in the EHA. Approximately 8% of the births were to women under age 20, the highest in the City. The average age of the mother was 27.5 years, slightly higher than in 1982.

The major causes of death in the EHA were: cardiovascular disease, cancer, suicide, burns, cirrhosis, and motor vehicle and other accidents. To address these problems, Area programme planning emphasizes: community care and support; control of toxic chemicals; improved dental services for children and seniors; prevention of cardiovascular and related diseases; prevention of occupational disease, suicide, substance abuse, teenage pregnancy; smoking prevention; and stress management and reduction.

Research, studies

Dentures from the Dime Store Will Not Be Enough *(The Dental Status and Needs of Senior Citizens Living Independently)*

A survey of 213 Area seniors living independently showed 69% to need dental care (9% urgently). The Local Board of Health endorsed recommendations to expand education, screening and referral services for such seniors, to improve public and health professionals' awareness of the Metro Toronto Community Services Dental Treatment Card, and to continue a pilot EHA basic treatment service for low-income seniors not covered by the card.

South Riverdale blood lead testing

As a sequel to the 1982 mass blood lead screening programme in South Riverdale, 15% (70) of the children under age six living in an area with soil lead levels generally greater than 1,000 parts per million were tested in 1983. Visits were made to the homes of 13 children who had blood levels of 20 ug/dl or higher in order to help identify any other sources of lead, and to reduce exposure. No child had a value greater than 29 ug/dl.

Assessment of seniors' needs

In July, an assessment was made of how relatives, friends and agencies were meeting the needs of 138 seniors being seen by DPH staff for various reasons. Results showed that for the EHA as a whole, 75% or more of the needs involving personal care, housekeeping, home maintenance, financial, transportation and assessment/monitoring were met. However, up to 30% of the seniors had some unmet dietary needs (e.g., shopping, food preparation). Another 30% needed more friendly visits for mental stimulation. While such a study was not necessarily representative of all EHA seniors, results highlighted the need for increased community support services, particularly in the Riverdale area.

Programme Highlights

Cardiovascular disease and suicide prevention programmes

The EHA staff, along with other Departmental staff, planned forums for 1984 on suicide and cardiovascular disease prevention.

Community Health Fair

A fair was held in May at Gerrard Square Shopping Mall with more than 20 local agencies and groups providing displays and activities, ranging from individual blood pressure and carbon monoxide readings, to home safety and general health displays. Over 500 people attended.

Control of toxic chemicals in the home

Accidental poisonings in the home have been increasing. To make the community more aware of the dangers of certain household chemicals, literature was provided to Area residents that describes hazardous chemicals and how to make the home safe.

EHA/South Riverdale Birth Control/STD Clinic

A family planning clinic was opened in January to address the EHA's priority of reducing the number of teenage pregnancies. Planning was done by staff from the EHA and South Riverdale Community Health Centre along with community residents. Promotion and outreach is geared to teens aged 15 to 19 years. The clinic is advertised by a hotline phone number; cards and stickers, which are available in schools, commercial stores, video arcades and libraries; school and mall displays; referrals from health care workers and word of mouth.

Foodhandler programme

To emphasize primary prevention, the Eastern Health Area expanded its foodhandler education programme. Managers, cooks, dishwashers, and anyone associated with the food industry are invited to participate. The course covers such topics as microbiology, food poisoning, personal hygiene, food storage and display, dishwashing, mainte-

nance of equipment, garbage disposal, insect and rodent control. Approximately 15% of the restaurants in the EHA have had at least one representative attend the course and in many cases a restaurant's entire staff has attended.

Garage poster campaign for small industries

Following a survey of industrial premises in the Area in 1982, the staff identified potential occupational health hazards that do not fall under DPH jurisdiction but also may not be addressed by other agencies. Of particular concern are problems found in small industrial premises, such as auto repair shops. After consultation with the Ontario Ministries of the Environment and Labour and the Department's Community Health Protection Committee, a poster was prepared listing common hazards in auto repair shops, such as asbestos from brakes, lead in gas, fumes from welding and solvents, battery acid and carbon monoxide. Protective measures against these hazards were indicated on the poster.

Geriatric Dental Programme

Educational handouts on care of teeth, dentures and good nutritional habits for seniors were developed as well as a Dental Referral Network to be used by Departmental dental staff, public health nurses and community agency workers. Dental screening and referral clinic sessions at five senior citizen apartments and two community centres were established, and staff participated in educational programmes at hospitals, seniors' residences, and other locations.

Pathways to Health

This new programme for stress management and relaxation was offered to a group of high risk patients in the community as a six-week series. Themes included communication, nutrition, problem solving and self-esteem. Autogenic training, progressive relaxation, meditation, and other self-help techniques were practised weekly.

Preschool Screening Programme

A preschool screening clinic for vision and hearing screening tests in 18 schools was conducted. Of the 30 children referred for vision follow-up, seven had a defect confirmed; of the 33 children referred for hearing follow-up, 16 had a defect confirmed. The programme involved cooperation with the schools, parents and physicians. The EHA plans to expand the programme to all Area schools in 1984.

Rubella (German measles) immunization campaign

Due to a rubella outbreak in the neighbouring City of York the EHA conducted a mass immunization programme in the high schools. In less than a week and more than 2,000 immunizations later, the rubella immunization rate for the high school students had increased to 72% from an original 48%. Additional clinics were held during the following weeks and the rate rose to over 80%.

Smoking Prevention Programme

Since 1982 the EHA has been involved in a pilot study of the Smoking Prevention Programme which is aimed at preventing young children from starting to smoke. During the 1983 school year, this programme was doubled to cover eight Area schools.

Some activities included:

- smoking and health fairs
- "Let's Play TV"
- classroom presentations and puppet shows by DPH staff
- poster making: Teachers were asked to encourage students from kindergarten to Grade 6 to make TTC transit shelter posters. The winner's poster was displayed across the City.

Downtown Health Area

Introduction

By 1983, a thorough analysis of the 1981 health status information was completed, giving Area staff a better understanding of their community's programme needs.

The DHA includes a small concentration of the elderly, some of the City's ethnic population (particularly Chinese and Portuguese), and districts within the Area where the population has a low level of education. Data also indicated that young, single women accounted for a significant proportion of births in the Area. Certain health conditions such as ischemic heart disease, liver cirrhosis, lung cancer, suicide, alcohol and drug abuse and breast cancer in women were found to be significant causes of death. Area staff will be examining current programmes to make sure that these important demographic patterns and

health conditions are addressed.

The following seven issues were identified as being of particular importance to staff and community after thorough analysis of collected information: mental health; geriatric health; lifestyle diseases; social and economic issues; communicable diseases; parent and child health; environmental health.

Several other health-related issues in the Area were noted to need further study and clarification: the range of inadequate services for the community as identified by staff and the community, housing-related issues (other than for the elderly), and educational inadequacies. Further information is available in the DHA's "Program Planning Report - Health Issues, Programs and Priorities".

Programme Highlights

A.B.C. (Appraisal for Better Curriculum) Programme

A.B.C. was carried out in five inner City schools with students registering for kindergarten. For early detection and intervention of a health problem, children received vision and hearing screening in addition to a health status survey.

Adolescent Sexuality Programme

The programme was offered to students aged 11 to 13 years. Body awareness and hygiene presentations were made to day nursery children aged three to four years.

Community organizing activities

Activities were undertaken with the Portuguese Interagency Network, focusing on: alcohol and drug abuse; Hong Fook Mental Health Project (programmes for the Chinese and Vietnamese); and the Association of Chinese Community Services Workers, with special focus on the health of visa high school students.

In association with the Department's Social Environment Group, dialogue was initiated about poverty and health with several community interagency organizations.

Dental programmes

The delivery of intra-oral dental preventive measures plus home care instruction, parental counselling and diet analysis continued in the two dental hygiene clinics in 1983. Daycare facilities were visited where dental health concepts were introduced to preschoolers and parents were notified of any treatment requirements. Over 3,000 children were treated in the dental hygiene offices.

The dental survey and education team visited schools in the Area throughout the year. New audio-visual materials were used to explain good health practices, and instruction was provided in correct brushing and flossing techniques.

All enrolled children received an oral inspection. Dental health statistics were recorded and "notification to parent regarding dental defects" cards were distributed as required. A DPH dental treatment clinic was held for families unable to use the services of a private dentist. Because of heavy workloads, in August of 1983 the eligibility for dental treatment was reduced to include only those children who had not yet reached their 18th birthday.

The supervisory staff were actively involved in the developing of policy and procedure manuals for dental services, as well as planning for the delivery of dental treatment services for children who are hepatitis B carriers. A facility opened in November 1983 at Sunnybrook Hospital and will be an interim arrangement until a similar clinic can be established in a more geographically-suitable location.

Environmental Health and Inspection Services

Inspection staff acquired new responsibilities in 1983; the No Smoking By-Law enforcement evolved to them as did the Animal Control By-Law.

In 1983, there was a notable increase in numbers and time spent investigating communicable diseases, particularly intestinal parasites.

As well, there was increased involvement with institutions such as nursing homes and hospitals, in addition to regular routine inspection of the dietary departments of such institutions. There were several outbreaks of illnesses that required participation of Inspection Services in the investigations. Although most outbreaks at the outset tended to mimic bacterial food poisonings, they turned out to be mainly viral in origin.

Nursing highlights

The community health needs defined as priorities in the DHA include maternal and child health services, preschool and school-aged services, and lifestyle issues. Accordingly, special groups and outreach programmes were set up.

Parenting group sessions were conducted to offer information on issues identified by group members such as toddler development, safety, expectations and limitations.

"Planning for Pregnancy" classes were carried out with groups of women to discuss nutrition, fitness, drug usage, coping with stress, decision to parent, fertility awareness, and advocacy issues, e.g., choosing a doctor, and costs related to care of baby.

Prenatal classes in English were offered as well as classes for French and Chinese-speaking clients and teenage groups in a high school setting. Topics included prenatal devel-

opmental changes, labour and delivery, hospital routines, care of the newborn, and community resources.

Pre-retirement groups held discussions on healthy lifestyles and other concerns of group members.

Promotion

Promotional activities in 1983 included an open house at the Richmond Street Office, health fairs planned in association with community groups, and a breast self-examination clinic in the Chinese community.

The St. Lawrence Health Service Community Health Fair was held in June with the theme of Cardiovascular Disease Prevention. A health appraisal, education through activities, and a focus on lifestyle issues were highlights.

Stress Management Group

Discussions were conducted on how to cope more effectively with stress. Counselling was offered to women staying at a residence for single and married women. In addition, there was ongoing contact with a residence for teenagers under 16 years. Involvement was mainly prenatal counselling and follow-up through community resources.

Monthly sessions were held with Chinese-speaking senior citizens to discuss health issues and lifestyle.

A Perinatal Emotional Team Support group was developed in conjunction with a local hospital. Follow-ups were given to all parents in the Health Area who have experienced a perinatal death.

Western Health Area

Introduction

In 1983 the Western Health Area completed Phase I of its planning cycle for the coming decade, and was busy developing data-based, flexible and self-regulatory programmes responsive to local needs. This planning process was coordinated by a multidisciplinary committee chaired by the Associate Medical Officer of Health. The committee's overall goal was to maximize the health status of persons living or working in the Western Health Area.

Area demographics, natality and mortality data, city-wide morbidity data, community and staff surveys and external expert opinion were based on analyses of WHA health issues and priorities. From a review of Area-specific data, the following characteristics of the WHA emerged: high fertility rate, high proportion of preschool and school-aged children, high level of ethnicity (particularly the large Portuguese population), localized pockets of low educational level, unemployment, elderly residents, single parent families and teen pregnancies.

The Area was also found to have a significantly lower mean age at death for males and for both sexes combined. The primary causes of death identified were cardiovascular disease, cance. suicide, motor vehicle accidents, alcohol and drug-related disorders, and cirrhosis.

The Area planning process identified five major Area health issues for concentrated efforts: mental illness, adult and child health, control of environmental and occupational health hazards (including communicable disease control), control of diseases due to an unhealthy lifestyle, community development and advocacy.

Further information regarding the programme planning process of the WHA is available in the "Area Health Care Planning Report: Issues, Program Priorities and Future Directions: 1983 - 1993."

Programme Highlights

Communicable Disease Control

In 1983 the Western Health Area worked towards the development and coordination of a multidisciplinary Communicable Disease Control (CDC) Programme for the Area through two strategies: the formation of Area CDC, Tuberculosis (TB) and Sexually Transmitted Diseases (STD) workgroups, and the designation of an Area CDC coordinator.

Increased communication and coordination of teams were observed, as well as rapid identification and treatment of contacts while handling school or daycare outbreaks of communicable disease.

Community Development

Dental, nutritional, communicable disease control and mental health issues and services must be explained and delivered in a manner that is understandable to members of ethnic groups, before their health needs can be adequately met. Therefore, preventive efforts have been made in 1983 to ensure programmes are culturally relevant to the Area's various communities. Community input on the Indochinese Health Project particularly helped staff assess services for this ethnic group and whether or not the project was culturally appropriate.

The WHA Family Planning Clinic used community development to work with "key informants" from the community. Input from community people was encouraged while planning the new clinic services and during promotion efforts. In turn, individuals and community groups expressed a commitment to work on behalf of the clinic at the grass roots level.

Dental Health Week—pilot project for ESL students

A special dental outreach project was developed in the WHA for approximately 300 ESL (English as a Second Language) students in two high schools. This project focused on heightening the awareness of the WHA's large number of ethnic residents to preventive dental care.

Seminars and lectures were conducted on the function of the teeth, nutrition and dental health, the dental decay process, periodontal health and oral hygiene.

Family Planning Programme—new inroads

Promotional and educational advances in healthy sexuality were made in 1983. Parents, teachers, daycare workers and mothers' groups were shown how to incorporate knowledge of healthy sexual development in their parenting and teaching. Pre-marriage courses to help couples develop effective communication skills around sexuality were provided in conjunction with church and community groups.

"Puberty classes" were offered at the elementary level, and "healthy relationships," "decision to parent" and "sexuality classes" in high schools. Family planning promotion was also achieved through three mall displays.

"Sexual abuse" workshops were conducted. Unique to the Western Health Area was a weekly crisis support group for adolescent incest victims conducted in conjunction with the Metro Chairman's Special Committee on Child Abuse.

Junction Triangle health status study

The Junction Triangle is a census tract in the western part of the City which contains a concentration of manufacturing industries in a confined residential area. For years residents have complained about noxious odours coming from the factories and health problems that may have resulted. To determine if the residents' complaints of health problems were valid, the WHA became involved in the Junction Triangle Health Status Study implemented in 1983, under the direction of an epidemiologist from McGill University. The study was cofunded by the Department of Public Health and the Ontario Ministries of the Environment, Health, and Labour.

The study team conducted a survey of 1,200 households in the Junction Triangle, nearby neighbourhoods, and a demographically similar but non-exposed area of the City. Respondents were questioned extensively on medical history, occupational history, health care system usage, perceived health problems and symptoms. The final report will be published in 1984.

Lifestyle education

During 1983, Area staff participated in many primary prevention group activities. Target group selection was based on Area demographic data regarding age and health status.

Parents' groups provided a forum for addressing issues to promote healthy lifestyles for parents and children, and teaching parenting skills. Similar groups dealt specifically with child development, stimulation, discipline and health care.

School-aged children were reached through regular classroom teaching in many schools. Classes emphasized good health habits and positive choices, such as hand washing for the younger children, nonsmoking and avoidance of drug abuse in Grades 5 to 8.

Sessions were held for adult groups in residential and community settings, such as half-way houses. Topics emphasized stress management, drug and alcohol abuse and use of community and health care agencies.

A weekly series to discuss topics such as self-esteem and group cohesion strategies was offered at a residence for people recovering from mental illness and returning to community living.

MMR blitz in high schools

A primary prevention strategy to prevent rubella (reported in a neighboring suburb), was implemented in the WHA in 1983. In one month 3,891 high school students were immunized during its 1983 measles, mumps and rubella (MMR) "blitz".

School hearing clinic pilot project

An excess of hearing problems (as identified on routine screening), and poor parental compliance to Departmental recommendations for further medical assessment had been noticed in several WHA schools.

To encourage parental follow-up, a community-based hearing clinic was held. Children with hearing defects identified on previous screening were offered various examinations.

Water sampling of Toronto's beaches

The Western Health Area collected water samples along the City's western shoreline of Lake Ontario on a daily basis after the Victoria Day weekend as part of the Ministry of the Environment's Toronto and Area Watershed Management Study (TAWMS) project. Inordinately high levels of fecal coliforms dictated that Sunnyside Beach be "posted" on July 21, 1983.

Since September, interested agencies and government bodies, including the Western Health Area, conferred to find solutions to the problems of waterfront pollution. One short-term solution was to be the building of a diversion wall between shore and the breakwater at the mouth of the Humber River. It is hoped this will prevent polluted river water from flowing along the City's western lakefront.

Central Resources

Central Resources was created after reorganization to carry on many of the centralized or city-wide functions and activities of the Department. Central Resources has four sections: Community Health Information; Community Preventive Health; Community Health Promotion and Advocacy; and Community Health Protection. As well as coordinating or working on city-wide programmes, Central Resources staff provide consultation to other staff members on child health, mental health, programme evaluation, epidemiology, public relations, nutrition, health education and promotion, occupational health and environmental health.

Community Health Information Section

Introduction

The principal role of the Community Health Information Section in the Department is to provide information and analysis for use in programme planning. Hence, the Section coordinates the collection, analysis and dissemination of community health information to members of the Department and, as appropriate, to the public.

The statistics group maintains all vital health statistics (i.e., births and deaths) on City of Toronto residents and also supports special surveys and studies conducted by the Department.

Consultants provide expertise to the Department on information systems design and development; epidemiological and evaluative study design, methodology and analysis; data quality assurance standards; the analysis, organization and interpretation of all health data; and health planning and evaluation of Department programmes.

The Section operates a Health Resources Centre which maintains a wide variety of published health information for staff, and facilitates access to virtually all external sources of public health information (e.g., literature searches, library exchanges, government publications, etc.).

Three Community Health Information priorities were established in 1983 by the Health Information Programme Committee as part of the Department-wide priority setting exercise, and focused programmes were then developed. Priorities and programmes are:

- comprehensive data base on health status
- evaluation of all Departmental programmes
- staff accessibility to a broad range of information related to their field of specialization and the health field in general

Programme Highlights

City-wide activities coordinated or worked on by the Information Section are discussed in the City-wide Programmes section of this report.

Other activities

In 1983 the Section initiated "Lunch and Learn" seminars, the first of which presented an expert panel on AIDS. A second session followed on the topic of new legislation in health, with experts discussing the Mental Health Act, Health Protection and Promotion Act and the Canada Health Act.

A report was presented to the Local Board of Health expressing concern about the potential dangers in the excessive data access provisions of the Canada Security Bill proposed in the House of Commons. These provisions would have let a national security organization see individual census and confidential health data. The Board endorsed the recommendations of the report to prohibit such access to individual records of data collected for statistical purposes.

Community Preventive Health Section

Introduction

The Preventive Health Section in Central Resources comprises a group of consultants of many disciplines working together to focus on prevention and reduction of illness and disability, and promotion of healthful attitudes and behaviours.

In conjunction with the Health Areas, this group participates in the planning, development and coordination of health programmes and policies on a city-wide basis. They assist with the professional education, staff development and training of members in the Health Areas through in-service training programmes and other events, and provide orientation to new staff.

Professional supervision, training and development are also provided to various students in field placement from colleges and universities. A major proportion of time was spent on planning the Department's prevention priorities and working on task forces.

Four areas for programme emphasis emerged from the analysis of the City's health data:

- optimal health for parents and children
- the prevention of premature cardiovascular and cerebrovascular disease
- the prevention of alcohol, tobacco and substance abuse
- the prevention of suicide

To this end, Section staff began work on the development of plans to address these issues.

Programme Highlights

Discussion of the Section's major city-wide activities and programmes are described in the City-wide Programmes section of this report.

Other activities

The Preventive Health Section publishes "Ounce of Prevention," a one-page quarterly bulletin on current preventive health issues of interest to Area staff. The first issue focused on revised guidelines from the Ministry of Health for newborn screening, new research on birth control pills and an update on breast cancer.

Section staff, along with a member from the Health Promotion and Advocacy Section, organized four half-day orientation programmes for all new staff in the Department in November 1983. This comprehensive orientation outlines the functions of the Department, its organizational structure, and political context of the Department's work.

Three in-service training programmes for mental health staff were organized in 1983 on incest, anorexia nervosa and bulemia, and mental health services to ethnic communities.

A workshop for clinic staff

from the Family Planning affiliated clinics, including an STD/Contraceptive update and a session on counselling skills, was held in June 1983.

The Public Health Nurses in the High Schools workshop held this year is an annual event which provides in-service for public health nurses working in secondary schools. It is an opportunity for topics of mutual interest and concern around adolescent health to be discussed.

Twelve articles on infant and child development were written for SHARE newspaper over the past year. SHARE is a free, twice-weekly newspaper (with a circulation of 30,000), serving the West Indian community. Some of these articles have since been translated for publication in other ethnic newspapers, including Greek and Chinese.

Community Health Protection Section

Introduction

The Community Health Protection Section carries out some of the specialized support functions of the environmental health programmes for the Department and the four Areas, such as research, analyses, education and liaison with government bodies and agencies. Environmental health programmes include urban sanitation, communicable disease investigation, food control, occupational health and environmental health education.

In 1983, the Section worked on:

- the preparation of a chemical assessment of Toronto's drinking water
- the development of a coordinated emergency response for the public health services of Metropolitan Toronto and area
- the development of appropriate occupational health services for Toronto workplaces with fewer than 20 employees
- the preparation of a report on housing and health

A report on bottled water quality from a selected sampling done in cooperation with the Metropolitan Toronto Works Department was submitted to the Local Board of Health this year.

Programme highlights

Major city-wide activities are described in the City-wide Programmes section of this report.

Other activities

At the request of the Provincial Laboratory of the Ministry of Health, the Section organized a seminar on current laboratory practices for Metropolitan Toronto and area health agencies.

In cooperation with the Western Health Area, a free foodhandler cardiopulmonary resuscitation programme was developed and offered to all restaurants in the City.

Responses were also prepared to the Keating Channel Assessment carried out by the Department of Planning and Development, and to a proposal to build a Refuse Fired Steam Plant in the Eastern Health Area.

Community Health Promotion and Advocacy Section

Introduction

The Section has consulting and support responsibilities with the four Health Areas and also coordinates many city-wide promotion campaigns, produces pamphlets, posters, and newsletters. and provides centralized functions including press conferences on major issues, such as AIDS and the posting of Toronto beaches.

A broad spectrum of activities was undertaken in 1983, from a consultation with members of the South East Asian community, and preparation of educational material on AIDS, to the introduction of an in-house newsletter and the celebration of the Department's 100th birthday.

Programme emphasis

In keeping with the Section's mandate to promote good health for all Toronto citizens, the Section developed plans for programmes emphasizing three major promotion and advocacy issues.

The first commits the Section to developing increased primary prevention programmes within the Department.

The Section is also developing a procedure for staff rotation and secondment between the Areas and Central Resources that will allow Departmental members to exercise and increase their primary prevention skills. As well, a plan is being developed for staff training and development in the skills usually associated with primary prevention.

Another task for the Section is to prepare a workable definition of "primary prevention", essential to the Department's development of guidelines for future primary prevention programmes.

Special staff development seminars on primary prevention issues and skills are being designed, as is an education component on primary prevention, developed for inclusion in the orientation of all new Departmental staff.

Programme highlights

A description of city-wide activities of the Section are found in the City-wide Programmes section of this report.

Other activities

By 1983, AIDS (Acquired Immune Deficiency Syndrome) was of concern to the general public and taking its toll of the risk groups in Toronto. Working with DPH-affiliated Hassle Free Clinic and the Aids Committee of Toronto (ACT), the Department developed a brochure and poster, and arranged numerous media appearances to help ease public fears and explain risk factors. In conjunction with other health organizations, and supported by the Local Board of Health, steps were launched to have AIDS made a reportable disease, to advocate for more research, and to finance informative videotapes for health professionals and the general public.

Also in 1983, the Section developed a Sexually Transmitted Diseases guide for gay men.

City-wide programmes

Introduction

Although many of the important functions of the Department are carried out in the Health Areas and are designed specifically to address health problems identified in their communities, there are still many common health problems and risks that affect all Torontonians and need to be dealt with on a coordinated, city-wide basis.

City-wide programmes are based on priorities developed during a lengthy consultative planning process in 1983 that looked at the major health threats affecting Torontonians. Staff from the Health Areas as well as Central Resources were involved to ensure full and thorough assessment of city-wide health problems. An increasing number of city-wide programmes will be introduced in the Department in the next few years, based on the new priorities.

Most of the following projects or programmes are coordinated by Central Resources staff. However, several Area staff are directing city-wide programmes, such as Healthiest Babies Possible in the NHA and the Cardiopulmonary Resuscitation Programme in the WHA. City-wide activities provide important opportunities for Area and Central Resources staff to work together and share their broad range of skills and knowledge of health issues.

Programme highlights

A Century Of Caring

In 1983, the Department marked the 100th anniversary of the appointment of the first Medical Officer of Health, Dr. William Canniff. Four of his descendants were invited to join Departmental staff for tea and birthday cake at City Hall. The 100th birthday was also marked by the release of a pamphlet, "One Hundred Years of Caring", a look at Department of Public Health programmes.

Adult and Rehabilitation Studies

Departmental staff participated in the following studies:

- Task Force on Public Health Services to Elderly People
- Access to Nutritious Food - A Problem for Poor People in Toronto

- Response to the Mayor's Committee on Aging Concerning Over-Medication and Lack of Dental Care for Elderly Torontonians

Audiometric Programmes

Routine screening tests were carried out in all elementary schools on children in senior kindergarten, Grades 2 and 5. Additional testing was done for those in special programmes, for children referred from school personnel or public health nurses, children who had failed a previous test and children up to Grade 8 who had never been screened. Other programmes and activities included Early Childhood Health Appraisal, the Day Care Programme, Hearing Awareness Month, field experience for trainees from East York and Scarborough and testing of staff in the DHA.

Birth Control Week 1983

The slogan was "Sex Education: It's Everybody's Business". Spots were obtained on Toronto radio and television stations, with coverage in all major newspapers. Items produced included a bookmark listing books for parents and children, a poster, and educational kits for public health nurses. Displays were held in several major shopping centres and in schools.

Breakaway To Good Health

Nineteen eighty-three was a transition year for the Smoking Prevention Programme. A contribution of $317,000 (divided over three years) from Health and Welfare Canada provided resources for new staff, the development of additional education materials and an expansion of the programme into other areas of the City.

This smoking prevention programme aimed at school children is community-based at present in the Eastern Health Area schools, and will soon be moving to other Areas of the City. The Northern Health Area has set up a Smoking Prevention Workgroup and drafted a proposal for a community-based programme there.

In the schools, DPH staff coordinate the resources for teachers as well as provide direct programming such as Smoking and Health Fairs and "Let's Play TV", a TV Ontario resource which shows young people how to be critical viewers and also involves them in creating anti-smoking commercials. High school drama classes created and performed their own smoking prevention plays for most of the elementary schools in the programme.

In the Area communities, most activities focused on Non-Smoking Week in January with mall displays and a promotion of smoking cessation clinics. As well, smoking prevention and cessation materials to physicians, dentists and pharmacists are promoted.

Breastfeeding Month

The M.O.T.H.E.R.S.' (Metro Organized To Help Encourage Research and Support) objective for Breastfeeding Month in October was to generate support and promotion of the Canadian Pediatrics Society's recommendation that "babies are breastfed for a minimum of six months". Major activities included a media campaign, library information

project and a "Try It" campaign to encourage restaurants, retail outlets and public centres to provide breastfeeding and diaper change areas for customers.

Cardiopulmonary Resuscitation (CPR) Programme

Myocardial infarction and ischemic heart disease are the leading causes of death in the City of Toronto. The City's CPR Programme, directed from the Western Health Area, was further expanded in 1983 and the key target groups for training, within both the civic service and the community, were reassessed. The programme was then marketed and delivered primarily to the following identified groups:

- medical/paramedical workers and students
- recreation staff
- food service personnel
- daycare centre staff
- mothers' groups and school staff/students

Four types of courses were taught to civic staff and community members during 1983: Instructor, Basic Rescuer (2-day) and Modified Heartsaver (7-hour) courses. To accommodate the training needs and time constraints of community groups, the 4-hour Heartsaver course and the 1-hour Choking Rescue course were introduced into the City's CPR Programme towards the end of the year.

Promotional efforts included personal contact with identified high risk groups, through presentations at workplace locations, community meetings, and daycare centres, as well as CPR displays at health fairs, and media coverage of the actual courses.

To assess programme utility, students who took the CPR courses from 1981 to 1983 were surveyed. The results indicated that 6% of students had utilized the skills learned, particularly in choking incidents; the majority of such incidents had occurred in the home. The prognosis for survival of choking victims of any age who received prompt and appropriate assistance was excellent; for victims of cardiac arrest the prognosis was somewhat more guarded. Of the students who responded, 37% also indicated that they/their family had modified their lifestyle with respect to smoking cessation, nutrition, exercise and/or weight loss following attendance at the CPR courses.

City of Toronto Community Health Survey

A major survey of the health status of Toronto residents was conducted during the summer and early fall. A representative sample of the City's population, aged 15 and older, was interviewed by telephone about certain health problems, health practices, utilization of health care services, and risk factors such as smoking, alcohol use and physical exercise.

Thirty-minute interviews were completed with 981 persons, which is 80% of the Torontonians who had been randomly selected to participate in the study. Ten percent of the interviews were conducted in Portuguese, Italian, Chinese, Greek or Spanish. A brief summary of the survey results will be available in the 1983 Annual Statement on Health Status, and a more complete description will be available in 1984.

Communicable Disease Control

The multidisciplinary programmes regulated by legislation offer service in the areas of tuberculosis and respiratory diseases, sexually transmitted diseases, immunization, mental health and family planning.

All children in separate, public, and private elementary schools had complete immunization or were in the process of completing the required immunization by December 31.

A daily adult and travel immunization clinic is offered to the public. This year, a programme was instituted offering susceptibility testing and vaccination against hepatitis B for dental staff in all Health Areas.

There are three hotlines available 24 hours a day to give information to the public on matters of family planning, immunization and sexually transmitted diseases.

Dental Study

A DPH Dental Treatment Task Force was established and began planning a study to investigate means to maximize the existing dental treatment in schools and/or to look at alternate delivery systems.

Employee Health Service

In 1983, medical examinations to determine fitness for a specific job were carried out on 379 prospective employees for the City of Toronto and 13 employees from Cityhome/Housing. Fifty-two examinations were conducted on underground workers and nine City of Toronto employees were examined for early retirement due to disability.

First Aid was requested by City and Metro employees as well as the public.

Ethnic Media Day

An Ethnic Media Day was held in June to provide editors and reporters of Toronto's ethnic media with an opportunity to meet staff and exchange ideas on community health issues. Thirteen ethnic media representatives attended and expressed a common opinion that stress and alienation are major concerns among their readers, viewers or listeners.

Conclusions from the day were:

- ethnic media representatives want and will receive press releases about health issues, events, projects or services
- our staff should be encouraged to submit English and appropriately translated materials to ethnic media sources (newspapers, radio and TV)

Evaluation of Public Access to Health Information

One aspect of an evaluation of the Department's public health services was a study to measure accessibility of health information to the public. This research was conducted by simulating telephone calls from the public to the Department on topics of current interest that fall within the jurisdiction of public health units. Forty calls were made over a one-month period by two researchers. The results were analyzed for the Department as a whole and by Health Area. To provide a basis for comparison, 20 calls were also made to the other five health units in Metro.

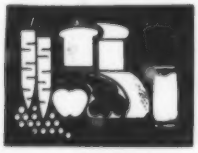
Calls were judged on these criteria: efficiency and friendliness of the initial receptionist, the quality of counselling provided, the completeness and accuracy of information given and the ease and degree of access the public has to Department information, programmes and personnel.

The topics of calls to staff included: nutrition, breastfeeding, birth control, water quality, rabies, retirement, abortion, immunization, cockroaches and herpes.

While overall scores were favourable, there were a number of specific areas where improvements could be made, both across the City and in each Health Area.

Evaluation of the reorganization of the department

A Steering Committee was formed late in 1983 which includes broad representation from the Department, a representative of the Management Services Department and a representative of the Ministry of Health. The Committee began considering an overall plan for the evaluation including a number of component evaluation studies and information system requirements that were presented to it by Health Information Section staff.



Food Advocacy Coalition - Toronto

In March, representatives of shelters, churches, agencies and community groups responded to a Department of Public Health invitation to meet and discuss concerns about people in Toronto having inadequate nutrition and access to affordable food. The group subsequently formed an organization called the Food Advocacy Coalition-Toronto (F.A.C.T.), with the following objectives:

- to raise awareness among community agencies, local government officials, the public and food suppliers about the extent to which high risk segments of the population find nutritious food unaffordable or inaccessible
- to advocate for sufficient increases in income maintenance and subsidy programmes (i.e., Unemployment Insurance, Family Benefits, Workers' Compensation) so that clients are able to afford adequate amounts of nutritious food after essential living expenses have been met
- to ensure that high risk segments of the population have adequate access (i.e., proximity to food sources and/or transportation to food sources) to nutritious, affordable food

Health And Culture Workshop

With the cooperation of outside individuals and agencies, the Department sponsored a one-day workshop, "Health is a Cultural Affair" in May. The goals were to improve knowledge and sensitivity about ethnocultural health issues, and to increase awareness of the resources available for health services to ethnic communities.

Workshops were conducted on reproductive health, mental health, the hospital as a subculture, and nutrition and food customs. Six hands-on experiential sessions on alternate health practices were presented.

A 15-minute film excerpt called "A Cultural Dilemma", portraying an extended family in the Portuguese community, was shown by a local TV station. Participants also viewed our new slide-tape show "Health is a Cultural Affair".

Healthiest Babies Possible

In 1983, many high risk pregnant women and their babies in the City of Toronto continued to receive the services of the Healthiest Babies Possible (HBP) programme, directed from the Northern Health Area. Three hundred and forty-eight (348) referrals were made to the programme.

Staff counselling women in the programme have implemented innovative teaching approaches to improve efficiency, help clients establish community networks, and adapt educational techniques to meet their needs. For example, one HBP staff member counsels clients one day a week at the Parkdale Library. Groups of HBP clients are also being brought together for educational programmes. Helping clients cope with food shopping and preparation on a limited budget has become a major focus of the nutrition counselling.

The HBP staff also began writing lesson plans and revising the nutrition assessment procedures. The HBP Evaluation Committee reviewed and revised the data collection forms.

Health Resources Centre

Five Department library collections were amalgamated into two locations in City Hall. This has resulted in the common cataloguing of the central collections and the satellite Area collections.

The job of cataloguing all the books and reports in the combined collections was contracted out to a library cataloguing service. It will take nearly three years to complete. Systems of book and journal loans and circulation of the contents pages of all incoming journals were developed and implemented.

Integrated Pest Management

In conjunction with the Toronto Board of Education, plans were undertaken for a seminar in early 1984 on Integrated Pest Management techniques (non-toxic methods for dealing with urban pests – cockroaches, rats, etc.). This followed the preparation of a discussion paper on cockroach control methods in 1983.

Mayor's Task Force On Voluntary Compliance With Non-Smoking Areas In Restaurants

This Task Force was formed on the recommendation of City Council in February of 1983 and included representatives from the City, community health agencies and the hotel and restaurant associations. With the goal of encouraging restaurateurs to implement non-smoking sections in restaurants, they published and distributed a pamphlet called "Bon Appetit," listing City restaurants with non-smoking sections. The pamphlet was launched at a "Fresh Air Feast" press conference at the Sheraton Centre in August. As well, the Mayor, the Task Force and the restaurant and hotel associations sent mailings to restaurateurs encouraging them to establish non-smoking areas. City Council amended the smoking by-law (406-79) to require effective December 1, 1983, that all restaurants post a sign which indicates whether they have a non-smoking area.

Multicultural Work

A Multicultural Community Worker was hired in October to help develop policy on multicultural issues for the Department. Three studies initiated by the Multicultural Worker are underway: 1) Health Status of Native Canadians, 2) Health Promotion in ESL (English as a Second Language) classes, and 3) Nutrition Education for New Canadians.

Occupational health

Radiation testing of all video display terminals was conducted in City Hall. In addition, a workgroup was formed between the Ministry of Labour and the Department to ensure good working relationships under the provisions of the Provincial Health Protection and Promotion Act, which indicates a role in occupational health for the Department. Work was also done on developing investigative protocols for occupational situations. In-service programmes for public health inspectors were held on occupational health issues.

Liaison was developed with the Occupational and Environmental Health Unit, University of Toronto (St. Michael's Hospital) to aid the Department in the investigation of occupational and environmental matters. This service was used on several occasions by the Downtown Health Area in 1983, and should be available to the Department during 1984.

Optimal health for parents and children

To address the Department's goal of "optimal health for parents and children", a workgroup of representatives from the Areas and Central Resources was struck to develop city-wide programmes. Problems, their causes and contributing factors, and strategies to address them were considered. Programmes were then rated according to the Departmental programme selection criteria and five priorities emerged:

Family Life Programme: An advocacy programme to strengthen the kindergarten to Grade 13 curricula relating to family life issues. The purpose of the programme is to develop adequate knowledge and responsible attitudes and behaviours relating to relationships, sexuality and parenting;

High Risk Pregnancy Registration Programme: A pilot prenatal screening programme in conjunction with a group of physicians who see a sizeable number of high risk pregnant women. Physicians would refer all pregnant women to the programme, where they would receive a comprehensive prenatal risk assessment and referrals to prenatal education and other appropriate resources (e.g., Healthiest Babies Possible) as necessary;

High Risk Postnatal Programme: A pilot postnatal home visiting programme for all high risk families;

Parental Support Programme: An advocacy programme to promote the development of parental support groups, utilizing a community development model;

Child Health Assessment Programme: A research programme to study successful child health assessment programmes in Canada and other countries and develop a proposal for a child health assessment programme to be piloted in Toronto. Implementation of these programme plans will begin in 1984. Other new developments to meet the goal of optimal health for parents and children relate to child abuse and day nurseries.

Two in-service programmes on child sexual abuse were offered, with plans for repeating the sessions seven times in 1984. Definitions, statistics, myths and facts associated with child sexual abuse, the legal process and the work of different agencies involved, were discussed. This provided opportunities for staff to increase their skill, confidence and comfort in dealing with victims.

The Department also initiated the development of an interagency committee on child abuse to improve interagency working relationships.

A Departmental Child Abuse Work Group was established to assess staff needs relating to child abuse, make recommendations regarding meeting of those needs, and develop Departmental procedures on child abuse.

A Departmental Day Nursery Work Group was established to define the roles of Personal Health Services staff in day care, and develop procedures for these staff to follow.

Parent Educators

A new project underway in the Department to make infant stimulation programmes available to ethnic groups in the City was developed in 1983. This programme trains community people to become Home Visitors (Parent Educators) by teaching them infant stimulation and child development skills. They are then expected to share these skills with their peers in the community. Ethnic groups represented are: Chinese, Portuguese, Anglo-Saxon, Native Canadian, Jamaican and East Indian.

DPH staff provide information on: different phases of infant development, mother/child activities to promote development, good parenting skills, e.g., attachment, patience, nutrition, safety needs and immunization.

Physician services

Physicians are available to examine children at the request of the public health nurse, teacher, or parent. Vision, hearing and dental problems were the three most frequently identified. Of the secondary school children examined, the most frequent defects were problems with the skin, vision and posture.

Prevention of alcohol and substance abuse

The Substance Abuse Work Group developed goals and objectives for three different programmes:

- smoking prevention
- alcohol abuse prevention
- drug abuse prevention

The Smoking Prevention Programme was extended into a pilot project phase in schools in the EHA and NHA.

Evaluation of the pilot project phase is being done to:

- identify the most effective programme elements in developing non-smoking behaviours
- compare prevalence of smoking behaviours between schools and communities exposed to the programme and those which are not

The programme will be expanded gradually depending upon the results of these evaluations.

Prevention of premature cardiovascular and cerebrovascular disease

Plans to begin a comprehensive approach to the prevention of premature cardiovascular and cerebrovascular disease began in 1983. A programme objective was to host a "Matters of the Heart" forum of professionals to guide the Department in its strategy to meet this goal. This forum, to be held in January 1984, will seek to answer two questions:

- what are the best approaches to reduce cardiovascular morbidity and mortality?
- how would you accomplish one approach identified in Question One?

Twelve facilitators from the Department were trained in a process called "nominal group technique" which is to be used to encourage open discussion.

Promotion and Public Relations

With reorganization and a commitment to the goals of *Public Health in the 1980's*, a greater commitment to health promotion and public relations was emphasized. By year's end, the DPH had acquired a temporary full-time graphic artist and an audio-visual technician. Posters, pamphlets, displays, slide-tape shows, newsletters and flyers were prepared in-house.

Most major reports to the Local Board of Health involved some liaison with the press: the DPH initiated articles in newspapers and magazines; presented a regular segment on Global TV's News at Noon; staff were frequently featured on radio and TV news and talk shows and held press conferences on important issues such as beach pollution.

Pulse

An innovation in 1983 to improve and encourage intradepartmental communication, was the development of a bi-monthly newsletter, PULSE. Written and edited by staff, PULSE includes editorials, columns, information updates, staff news and profiles, activity calendars, reviews of resources, features, etc. Each Health Area and Central Resources has a representative on the PULSE editorial board to ensure full coverage of Departmental news and views.

Report on the Health Status in the Junction Triangle

As part of the Junction Triangle Health Status Study, the Department analyzed the data on congenital anomalies and perinatal deaths in the Junction and the control census tracts selected for the study. The results of this neighbourhood study in the WHA, where residents are concerned about the health effects of pollution, indicated that the Junction Triangle was close to the norm for the City in these health status indicators. However, one of the control census tracts appeared to have an excessive number of birth anomalies. This finding developed from a detailed analysis of all congenital anomalies from natality data maintained on City residents from 1979 to 1982.

Report: Status of Health in the Four Health Areas of the City of Toronto

This report analyzed demographic information from the 1981 Canada Census and 1981 natality and mortality data maintained by the Department on the basis of the four Health Areas. It was the forerunner of more detailed health status and planning reports by each of the Health Areas.

School Health Task Force

The School Health Task Force was struck in February to:

- review the operation of the existing School Health Programme
- determine where improvements can be made
- propose specific areas where further evaluation can be undertaken
- make recommendations on the future direction of the School Health Programme based on Departmental priorities

Sexually Transmitted Diseases, Tuberculosis and Other Communicable Diseases

In January 1983 new information systems were inaugurated to keep epidemiological information on reportable diseases (i.e., records minus personal identifiers) in the computer where they are readily available for analysis. Later in the year, after Acquired Immune Deficiency Syndrome (AIDS) was made a reportable disease, a system was added to the computer to maintain epidemiological information on these cases as well. The principal focus was on the design and field testing of revised Sexually Transmitted Diseases reporting and case contact forms. The redesigned forms were intended to meet the requirements of the impending Provincial Health Promotion and Protection Act, the needs of case management and contact tracing by STD nurses and others, and the information needs of epidemiological analysis and programme planning. Results of the field test will permit introduction of the new forms early in 1984.

Show And Tell Day

Another goal of *Public Health in the 1980's* is the development of an improved information flow among staff. A telephone healthline brought staff up-to-date on the latest Departmental activities, and a Show and Tell Day in June for staff across the City and other health departments demonstrated the Department's audio-visual wares. A television producer and make-up artist prepared staff for mock TV interviews to help them learn some interviewer/interviewee skills; staff brought out their teaching aids; the DPH premiered its new video; and dozens of resources were reviewed.

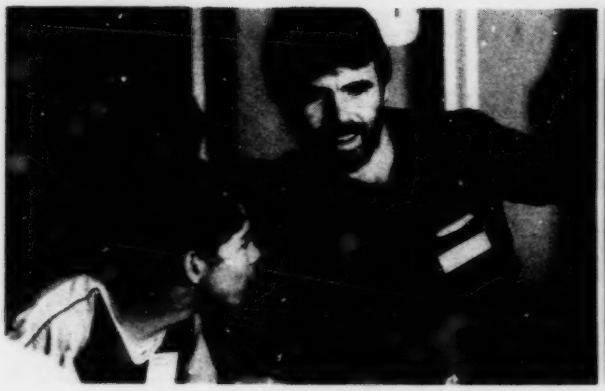
Social Environment Work Group

The Social Environment Work Group comprises multidisciplinary Departmental staff interested in social environment factors relating to health, such as unemployment and housing. During 1983, a Departmental response to "The Unequal Society Report" was written for the Local Board of Health and staff participated in the formation of the Food Advocacy Coalition-Toronto (FACT).

"Soloing: Skills For Independent Living", A Conference For Disabled Teens

Following a favourable evaluation of two previous conferences for disabled teens, the Local Board of Health approved sponsorship of a similar conference held in 1983.

The target group was 80 physically disabled students, mostly from public and separate high schools in Metropolitan Toronto. Health care and transportation were provided as well as snacks and lunch. There was



no fee. The programme included four workshops:

- Sexuality, Relationships and Family Planning
- So You Think You're Ready For A Job
- Fighting For Your Rights: Self Help Tactics
- Changing and Designing Your Environment

Stop Smoking Campaign - Cold Turkey

In January the Department conducted a stop smoking Cold Turkey Campaign in response to a challenge from the City of Vancouver. Toronto was the winner after 2,203 Metro Toronto and area residents pledged to quit smoking compared with 1,445 Vancouver residents. A follow-up telephone survey was conducted in June to determine how successful City of Toronto participants had been in their attempts to quit, and to evaluate the usefulness of the campaign.

A sample of 104 Toronto pledges was selected and contacted. Eighty-seven interviews were completed, giving a response rate of 83.6%. Approximately 25% of the sample had successfully quit smoking as of five months later; over 90% had stopped smoking for at least one day; and those who were still smoking had on average decreased slightly the number of cigarettes smoked per day from 25.1 to 20.0.

The survey concluded that the Cold Turkey Campaign was successful in helping some smokers, but that the campaign's format could be improved to assist a broader variety of smokers. The recommendations from the evaluation were taken into account in planning the campaign for 1984.

Students Talking About Responsible Relationships: STARR

STARR, the student drama troupe, was reinstituted as a Departmental programme. Two part-time staff were hired and in the early fall eight students were recruited from across Toronto. The fall was spent in educational sessions and developing a series of skits addressing teen sexuality and relationships. A workshop of the play was held in December providing audience feedback to rework the skits in early 1984. The troupe will perform weekly in Toronto schools at the invitation of principals.

Suicide Prevention Programme

Goals and objectives were developed by the Suicide Prevention Work Group for suicide prevention in the City of Toronto. A programme was planned that would host a forum of key people in Toronto who could either work with the Department or provide impetus to address the Department's goal: optimal mental health for the citizens of the City of Toronto. This forum, to be held in 1984, will seek to provide input and direction to:

- identify what is currently being done in suicide prevention and by whom
- identify the gaps
- outline the problems or difficulties encountered and suggestions to deal with them
- indicate future plans concerning prevention and strategies

South East Asian Consultation

The estimated population of South East Asians (Vietnamese, Laotian, and Cambodian) in Toronto is 26,000. The South East Asian Community Worker initiated many contacts with this community, listening to concerns and collaborating on outreach projects. In order to help the community work collectively on health issues, a health consultation was held in October. Representatives from all levels of government and over 30 social service agencies and hospitals attended, to deal with mental health, physical health, dental health, nutrition and family health. Small work groups discussed the issues and suggested ways of implementing programmes. The group sought more accessible and culturally relevant programmes in mental health, educational and teaching materials in the South East Asian languages, training of paraprofessionals, and establishment of a dental clinic for hepatitis B carriers in downtown Toronto.

Teenage Pregnancies

The report, "Repeat Pregnancies Among Teens" (September 19, 1983) was received by the Local Board of Health on October 11, 1983. The report was then published as a special issue of the Family Planning Bulletin in December, 1983. Using local statistics, medical and social science literature, and interviews with both Toronto area professionals and a few teens who were pregnant for a second time, the report addresses the following:

- statistical perspective
- medical and social risks
- teen vulnerability to repeat pregnancy (demographic, psychological and social variables)
- programme strategies

Appendix I

CITY OF TORONTO
DEPARTMENT OF PUBLIC HEALTH
TRIAL BALANCE
FOR THE 12 MONTHS ENDING: DECEMBER 31, 1983

CENTRAL RESOURCES	
Permanent Salaries	1,796,281
Temporary Salaries	339,913
Fringe Benefits	284,901
Materials & Supplies	169,234
Equipment	12,888
Purchase of Service	1,100,377
Distribution Credits	(970,575)
Contri-Other Budgets	19,061
	2,752,080
EASTERN HEALTH AREA	
Permanent Salaries	3,116,860
Temporary Salaries	424,510
Fringe Benefits	509,427
Materials & Supplies	100,486
Equipment	16,257
Purchase of Service	95,832
Distribution Credits	(110,863)
	4,152,509
NORTHERN HEALTH AREA	
Permanent Salaries	3,290,477
Temporary Salaries	367,461
Fringe Benefits	531,079
Materials & Supplies	97,651
Equipment	32,870
Purchase of Service	97,283
Distribution Credits	(86,402)
	4,330,419
WESTERN HEALTH AREA	
Permanent Salaries	3,402,993
Temporary Salaries	561,018
Fringe Benefits	565,193
Materials & Supplies	87,700
Equipment	22,945
Purchase of Service	97,896
Distribution Credits	(116,986)
Contri-Other Budgets	204
	4,620,963
DOWNTOWN HEALTH AREA	
Permanent Salaries	3,795,366
Temporary Salaries	312,366
Fringe Benefits	611,464
Materials & Supplies	59,201
Equipment	17,593
Purchase of Service	269,113
Distribution Credits	(213,919)
	4,851,184
NET EXPENDITURES	**20,707,155**